

## Teacher Recruitment Education and Preparation (TREP) Program Agreement and Registration Form

You have indicated that you are interested in enrolling in the TREP program. This program allows you to take courses in an educator pathway for up to two years, immediately following your senior year of high school. A student is eligible for TREP if the student:

- Per 22-35-108.5 (2)(a)(I), C.R.S., “is following the teaching career pathway created in section 23-60-110 and is on schedule to complete the courses and/or experiences specified in the teaching career pathway for the twelfth grade year and is enrolling in the postsecondary courses identified in the teaching career pathway for the fifth and sixth years.”
- Is college ready, and not in need of developmental education coursework in accordance with the education career pathway in which they enroll.
- Completes an Individual Career and Academic Plan (ICAP) prior to declaring intent to participate in TREP.
- Applies to, and is accepted into, a postsecondary program to continue on an approved educator pathway at a qualified Colorado institution of higher education.
- Is entering the TREP program in the year immediately following the student’s 4th year of high school.
- Has been selected for participation by their high school principal or equivalent school administrator based on the above criteria.
- Upon entry to the TREP program, has not been designated a TREP program participant in any prior year (can only participate in TREP for 2 academic years).
- Is in good academic standing (minimum Grade Point Average of 2.0 in postsecondary coursework) and remains enrolled in an applicable educator pathway in order to participate in year 2 of the TREP program.

To enroll at an eligible postsecondary institution, a student must have completed the minimum course prerequisites and all required assessments. International students attending high school on an F1 Visa are not eligible for TREP.

### Section A: To be completed by student (PLEASE PRINT)

Name of Student: \_\_\_\_\_ Term: \_\_\_\_\_  
Postsecondary Student ID #: \_\_\_\_\_ SASID #: \_\_\_\_\_ School District ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_  
Currently Attending (high school): \_\_\_\_\_  
College Planning to Attend: \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_

**List course work completed by the end of 12<sup>th</sup> grade year**

Subject	Course Number	Title	Credit Hours	Course Location (H.S./College)	Counselor Initials
MAT	120	Math for Liberal Arts (EXAMPLE)	4	College	TBD

**List course work intended to be taken in the 5<sup>th</sup> year**

Subject	Course Number	Title	Credit Hours	Course Location (H.S./College)	Counselor Initials
MAT	120	Math for Liberal Arts (EXAMPLE)	4	College	TBD

**Alternative choice if class(es) are not available:**


**List course work intended to be taken in the 6<sup>th</sup> year**

Subject	Course Number	Title	Credit Hours	Course Location (H.S./College)	Counselor Initials
MAT	120	Math for Liberal Arts (EXAMPLE)	4	College	TBD

**Alternative choice if class(es) are not available:**


**Attention Student:** Prior to adding, dropping, or withdrawing from a class, you must see your **college advisor and high school counselor.**

**Attention Student and Parent or Guardian:** Your signature in Section B indicates that you wish the above-named student to participate in the TREP Program and agree to the following:

- That advice and counsel regarding such participation has been received from your current high school.
- **Please be aware** that grades from any college courses you take through Concurrent Enrollment/TREP will be posted to both your high school and college transcript. Courses that you withdraw from, fail to complete, or receive a non-passing grade in may affect your ability to be accepted to or receive financial aid from that college in the future.
- The course(s) fits with your Individual Career & Academic Plan (ICAP).
- In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974 and the Colorado’s Student Data Transparency and Security Act, the Student gives \_\_\_\_\_ (write in name of Local Education Provider) and \_\_\_\_\_ (write in name of institution of higher education) permission to exchange any of my academic records and

student/personal information pertinent to my participation in the TREP/Concurrent Enrollment Program, including but not limited to records/information of absences and disciplinary issues, grades, transcripts, in progress grades, class schedules, and billing information.

- The signatures indicate authorization of my College Opportunity Fund (COF) to the College. I authorize the High School/School District to release my SASID # to the college for the purpose of COF, at institutions which receive COF funding.

## **Section B: To be signed by student and student's parent/guardian**

I understand that this agreement entitles me/my child to enroll in college courses. I understand the following:

1. I will meet the same course expectations and prerequisites as college students, as noted in the course catalogue and/or syllabus.
2. The course satisfies college degree or certificate requirements and is in line with my ICAP.
3. Course credits may transfer if I earn a C or better in a Guaranteed Transfer course or if the courses are accepted by a postsecondary institution.
4. The grade received in this course will appear on my official high school and college transcripts.
5. If I withdraw from the course at the postsecondary institution after the drop/add date, I will receive a W or F on my college transcript.
6. With regard to college activities, qualified students may participate in activities but are not eligible for NCAA athletic activities.
7. I will need to register for College Opportunity Funding (COF), and I understand the college-level credits earned will be deducted from my COF lifetime account (at institutions of higher education that receive COF funding).
8. I understand I may only enroll in Guaranteed Transfer courses and/or courses which apply to the educator pathway.
9. I understand the school district/charter school will hold my high school diploma until I have completed the TREP program.
10. Students who wish to enroll in college classes the summer immediately following their senior year must pay their own tuition.

In signing this agreement, I authorize the college to release my transcript to my School District/Charter School at the end of the course and agree to all information under Sections A and B.

Student Signature and Date: \_\_\_\_\_

Parent/Guardian Signature and Date: \_\_\_\_\_

*Deliver this form to your high school counselor.*

*This agreement is student and college specific. A separate agreement and college application must be completed for each eligible postsecondary institution that the high school student plans to attend.*

**Section C: Student Eligibility: To be completed by High School Counselor/Principal. Check all that apply.**

- This student is under 21 years of age.
- This student is currently in the 12<sup>th</sup> grade.
- This student does not need any remediation courses.
- This student meets the [TREP eligibility criteria](#).

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section D: School District/Charter School and College Approval**

**Approval of School District/Charter School**

The School District/Charter School agrees to pay the tuition for \_\_\_\_\_ credits.

Name of High School: \_\_\_\_\_

Name of School District or Charter School Authorizer: \_\_\_\_\_

Comments: \_\_\_\_\_

Principal (or designee) Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Principal (or designee) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent (or designee)/Charter School Authority Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Superintendent (or designee)/Charter School Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approval of College Administrator**

Name of College: \_\_\_\_\_

Comments: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_